

PTO/SB/97 (08-03)

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ATTACHED: - PRELIMINARY AMENDMENT (7 pages);
- FEE TRANSMITTAL (PTO/SB/17), in duplicate;
- RCE (PTO/SB/30), in duplicate;
- PET. FOR 2 MONTH EXT. (PTO/SB/22), in duplicate.

CUSTOMER NO.: 24498
Serial No.: 10/505,390
Docket No.: PF020015
Art Unit: 2132
Examiner: Devin E. Almeida

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 14

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1270.00**

Complete if Known

Application Number **10/505,390**
Filing Date **August 20, 2004**
First Named Inventor **Alain Durand**
Examiner Name **Devlin E. Almelda**
Art Unit **2132**
Attorney Docket No. **PF020015**

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METHOD OF PAYMENT (check all that apply)

CUSTOMER NUMBER: 24498

☐ Check ☐ Credit card ☐ Money Order☐ None☐ Other (please identify):☒ Deposit Account: Deposit Account Number **07-0832**

Deposit Account Name:

THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 (Including Reissues)	50	25	
Each Independent claim over 3 (Including Reissues)	200	100	
Multiple dependent claims	360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x	\$50	= \$
HP = highest number of total claims paid for, if greater than 20.			
Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x	\$200	= 0
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): FEE FOR TWO MONTH EXTENSION - \$460.00
RCE FEE - \$810.00

Fees Paid (\$)

\$1270.00

SUBMITTED BY

Name (Print/Type)	CATHERINE A. FERGUSON	Registration No. (Attorney/Agent)	40,877	Telephone	(609) 734-6440
Signature	<i>Catherine A. Ferguson</i>				November 1, 2007

PTO/SB/17 (01/06)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4616).

FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1270.00**

Complete If Known

Application Number **10/505,390**
Filing Date **August 20, 2004**
First Named Inventor **Alain Durand**
Examiner Name **Devin E. Almelda**
Art Unit **2132**
Attorney Docket No. **PF020015**

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METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: **24498**☐ Check ☐ Credit card ☐ Money Order☐ None☐ Other (please identify):☒ Deposit Account; Deposit Account Number **07-0832**Deposit Account Name: **THOMSON LICENSING LLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	600	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

200

360

Multiple dependent claims

Multiple Dependent Claims

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

\$50

\$

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

\$200

0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): FEE FOR TWO MONTH EXTENSION - \$460.00

RCE FEE

- \$810.00

Fees Paid (\$)

\$1270.00

SUBMITTED BY

Name (Print/Type)	CATHERINE A. FERGUSON	Registration No. (Attorney/Agent)	40,677	Telephone	(609) 734-6440
Signature	Catherine A. Ferguson				November 1, 2007